

Attorney's Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which (check only one item below):

- ☒ is attached hereto, and was amended on (if applicable).
- ☐ was filed as United States Application Number _____
on _____
and was amended on _____ (if applicable).
- ☐ was filed as PCT International Application Number _____
on _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose to the office all information known to me to be material to patentability as defined in title 37, Code of Federal Regulations, Sec. 1.56 (as amended effective March 16, 1992);

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

[illegible]

I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number **2 1 8 3 9**

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.
Customer Number **2 1 8 3 9**
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: _____ at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor	NICHOLAS CHARLES HENLY
Signature	<i>N. C. Henly</i>
Date	18 MARCH 2004
Residence (City, State, Country)	PETERSFIELD, HAMPSHIRE, UK
Citizenship	BRITISH
Post Office Address	84 RUSHES ROAD, PETERSFIELD, HANTS, GU32 3PP
Full Name of Second Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Third Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	

Full Name of Fourth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Fifth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Sixth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Seventh Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Eighth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	

Full Name of Ninth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	
Full Name of Tenth Joint Inventor, If Any	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Post Office Address	

☐ Additional inventors are being named on the Supplemental Additional Inventor(s) Sheet(s) attached hereto.